



Application

Registered/Non-Registered

Guaranteed Interest Account
Savings and Retirement





As an Equitable Life policyholder you will have instant access to your policy information through **Equitable Client Access!**

What is Equitable Client Access?

It is our secure online client site that allows you to access your policy information, right at your fingertips. With Equitable Client Access you can:

- **View policy details including:**
 - investment allocation and market values
 - transaction history and guarantees
 - pre-authorized payment information
 - retrieve fund information and performance

- **Update your personal information including:**
 - address and contact information
 - banking information and pre-authorized payment withdrawal date
 - beneficiary

- **Access your statements, tax slips and letters**

- **And more!**

Register for Equitable Client Access one of two ways:

1. Include your email address on this application and Equitable Life will email you a registration link once your policy is active.
2. Once you receive your policy confirmation notice, visit client.equitable.ca and click on "Create Account".

Do you have questions, or would you like some assistance registering your account? Our client service team would be pleased to help. You can reach them at 1.800.668.4095.



GUARANTEED INTEREST ACCOUNT APPLICATION – REGISTERED, NON-REGISTERED

All sections are mandatory unless they are marked as “Optional” in the section title.

Name of Advisor	MGA Name
Advisor Code	Branch Number
Advisor Email Address	MGA Email Address

Internal use only:
Contract number:

Electronic applications only:
Application number:

Application generated date:

1. PLAN TYPE

What type of Contract would you like? Please check one box for A) and B)

<p>A) Registration</p> <p><input type="checkbox"/> Non-Registered</p> <p><input type="checkbox"/> Retirement Savings Plan (RSP)</p> <p><input type="checkbox"/> Spousal RSP*</p> <p><input type="checkbox"/> Retirement Income Fund (RIF)</p> <p><input type="checkbox"/> Spousal RIF*</p> <p><input type="checkbox"/> Life Income Fund (LIF, PRIF, LRIF, RLIF)</p> <p>_____ (Jurisdiction)</p> <p><input type="checkbox"/> Locked-In Retirement Account (LIRA, RLSP, LRSP)</p> <p>_____ (Jurisdiction)</p>	<p>B) Interest Type</p> <p><input type="checkbox"/> Compound Interest (available for all registrations)</p> <p><input type="checkbox"/> Simple Interest (Non-Registered, RIF, LIF, PRIF, RLIF only)</p> <p style="margin-left: 20px;">→ <input type="checkbox"/> Interest paid annually</p> <p style="margin-left: 20px;">→ <input type="checkbox"/> Interest paid monthly*</p> <p style="margin-top: 10px;">*Interest rate is 0.25% less than the posted rate.</p>
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*If a Spousal RSP or Spousal RIF has been chosen, the following information is required.

Name of contributing Spouse	Spouse's Social Insurance Number (SIN)	Spouse's date of birth (yyyy/mm/dd)											
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	Expiry Date (if applicable)												

2. CONTRACT OWNER INFORMATION

Registered contracts:

- The Owner will also be named as the Annuitant.

Non-Registered contracts:

- You can decide whether the Owner and Annuitant are the same, or different people. If the Annuitant is someone different, you will need to complete section 5: Annuitant Information
- If the Owner is a corporate or non-corporate entity, leave the “Occupation” and “Verification of Identity” fields blank. Complete the [Business Information Form # 594](#) and submit it with the application.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Contract Owner's Name (first, middle initial, last)												
<input type="checkbox"/> Male <input type="checkbox"/> Female													
Social Insurance Number (SIN)	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> </table>												Expiry Date (if applicable)
Address (number, street and apartment)		City or Town											



GUARANTEED INTEREST ACCOUNT APPLICATION

2. CONTRACT OWNER INFORMATION (CONTINUED)

Province	Postal Code	Telephone Number	<p>The email address is important! Once the policy is active we will email the Contract Owner a link to register for Equitable Client Access. This website allows them to view and manage their policy information.</p>
Date of birth (yyyy/mm/dd)	Email address		
Occupation (if retired or unemployed, indicate former occupation):			
Job Title: _____			
Duties: _____			

Verification of Identity (only required for non-registered):

Canadian Anti-Money Laundering legislation requires that the identification of the individual be verified. There are three options to validate the client's identity.

Option 1: Advisor validates photo identification

This option can be used when the advisor is meeting with the client in person. The advisor must review one of the following:

- provincial driver's license
- provincial photo identification card (excluding provincial health cards)
- passport
- citizenship card (issued prior to 2012)
- permanent resident card
- secure Certificate of Indian Status

ADVISOR ATTESTATION

I, the advisor:

- Have met the client in person, and have held and viewed their authentic, valid, and current photo identification.
- Confirm that the name shown on the identification matches the name of the person documented in this section.

Provide details:

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

Option 2: Advisor validates two different types of identification

This option can be used when the advisor is meeting with the client in person or remotely. The advisor must review two forms of identification from different categories*, as described in the [Alternate ID Verification Options](#) document.

ADVISOR ATTESTATION

I, the advisor:

- Have followed the alternative identification instructions as described at www.equitable.ca/go/alternative-identification, including reviewing two valid and current documents from different categories*.

Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

*Category A – Name and address, Category B – Name and date of birth, Category C – Name and account information.

Option 3: Equitable Life validates identity through a third-party service provider

This option can be used when the application was not completed in person.

CLIENT ATTESTATION

- I, the client, consent to Equitable Life verifying my identity through a third-party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.



GUARANTEED INTEREST ACCOUNT APPLICATION

3. JOINT CONTRACT OWNER (OPTIONAL SECTION) (FOR NON-REGISTERED ONLY)

Not available in Quebec. We will send the contract information and future mailings to the Primary Contract Owner's mailing address only. On the death of an Owner who is not the Annuitant, his or her ownership interest will pass to the other Owner and/or Successor Owner.

Mr. Mrs. Ms.

Joint Owner's Name (first, middle initial, last)

Male Female

Social Insurance Number (SIN)

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Expiry Date (if applicable)

Address (number, street and apartment) if different from Contract Owner

City or Town

Province

Postal Code

Telephone Number

Date of birth (yyyy/mm/dd)

Occupation (if retired or unemployed, indicate former occupation):

Job Title: _____

Relationship to Owner

Duties: _____

Verification of Identity:

Canadian Anti-Money Laundering legislation requires that the identification of the individual be verified. There are three options to validate the client's identity.

Option 1: Advisor validates photo identification

This option can be used when the advisor is meeting with the client in person. The advisor must review one of the following:

- provincial driver's license
- provincial photo identification card (excluding provincial health cards)
- passport
- citizenship card (issued prior to 2012)
- permanent resident card
- secure Certificate of Indian Status

ADVISOR ATTESTATION

I, the advisor:

- Have met the client in person, and have held and viewed their authentic, valid, and current photo identification.
- Confirm that the name shown on the identification matches the name of the person documented in this section.

Provide details:

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

Option 2: Advisor validates two different types of identification

This option can be used when the advisor is meeting with the client in person or remotely. The advisor must review two forms of identification from different categories*, as described in the [Alternate ID Verification Options](#) document.

ADVISOR ATTESTATION

I, the advisor:

- Have followed the alternative identification instructions as described at www.equitable.ca/go/alternative-identification, including reviewing two valid and current documents from different categories*.

Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

*Category A – Name and address, Category B – Name and date of birth, Category C – Name and account information.

Option 3: Equitable Life validates identity through a third-party service provider

This option can be used when the application was not completed in person.

CLIENT ATTESTATION

I, the client, consent to Equitable Life verifying my identity through a third-party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.



GUARANTEED INTEREST ACCOUNT APPLICATION

7. BENEFICIARY DESIGNATION

The person(s) you name here will receive a death benefit on the death of the last surviving Annuitant.

Locked-in plans: For locked-in plans the beneficiary must be the spouse or common law partner (if applicable). As pension legislation dictates, a spouse or common law partner will take precedence over any other beneficiary designation selected.

RIF plans: For RIF plans, if your spouse is the sole beneficiary at the time of your death and a Successor Annuitant has not been named, your spouse will have the option to continue this contract as the Successor Annuitant.

Power of Attorney: If the application is signed by a Power of Attorney, the beneficiary must be the Estate of the Owner.

Applicant/Owner residing in Quebec: Quebec law stipulates that designation of the Owner's spouse (married or civil union) is irrevocable, unless the Owner indicates the designation to be revocable by checking the following box: I stipulate that any beneficiary designation of my spouse (married or civil union) is revocable.

Primary Beneficiary name(s)	Date of birth if minor (yyyy/mm/dd)	Trustee applies	Relationship to Annuitant (in Quebec - relationship to Owner)	Benefit shared equally (unless % specified)
		<input type="checkbox"/>		%
		<input type="checkbox"/>		%
		<input type="checkbox"/>		%
		<input type="checkbox"/>		%
Contingent Beneficiary name(s)	Date of birth if minor (yyyy/mm/dd)	Trustee applies	Relationship to Annuitant (in Quebec - relationship to Owner)	Benefit shared equally (unless % specified)
		<input type="checkbox"/>		%
		<input type="checkbox"/>		%
		<input type="checkbox"/>		%
		<input type="checkbox"/>		%

Trustee for all minor beneficiary(ies) (not applicable in Quebec): Name: _____

Annuity settlement option: If you would like one or more of your beneficiaries to receive the death benefit in the form of income payments from a payout annuity, complete the [Annuity Settlement Option form #455](#). You can find out more about this option in the [Gradual Inheritance Strategy form #1514](#).

8. CONTRIBUTIONS

Note: Minimum initial deposit must be \$500 or \$50 Pre-Authorized Debit ("PAD"). Simple Interest Payout Option and RIF/LIF minimum is \$10,000. The payor must be the Annuitant for an individual RSP or the spouse for a Spousal RSP.

Cheque \$ _____

One-time PAD \$ _____ (complete section 9)

Ongoing PAD \$ _____ (complete section 9)

External Transfer \$ _____

➤ Transferring Company: _____
Complete the "[Transfer Authorization Form](#)" (form #114) and send a copy to Equitable Life and the original to the relinquishing financial institution.

Internal Transfer (specify \$ or %): _____

➤ Equitable Life Policy Number: _____

➤ Partial internal transfers will be moved pro-rata unless otherwise specified in Special Instructions (section 19).

Online Banking \$ _____

➤ Once the application has been submitted, the payor can make a deposit using the policy number and their financial institution's online banking service. For additional information and a list of banks set up with this service, visit www.equitale.ca/go/onlinebanking



GUARANTEED INTEREST ACCOUNT APPLICATION

9. PRE-AUTHORIZED DEBIT ("PAD") (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 8)

One-Time PAD:

Amount: \$ _____

Withdrawal Date:

- Withdraw the funds on the date that all application requirements are met, OR
- Specify date (yyyy/mm/dd): _____ (subject to all requirements being met)

Deposit Allocation:

The deposit and reinvestment instructions will be setup as described in the Investment Instructions section.

Ongoing PAD:

This option is not available for (or in combination with) simple interest investments.

Amount: \$ _____ Monthly PAD start date (yyyy/mm/dd): _____ (1st - 28th)

Deposit Allocation:

- Daily Interest (must be selected if the deposit is less than \$500)
- Compound Interest GDA for a specified term of _____ months

Reinvestment instructions will be setup as described in the Investment Instructions section.

Bank Information:

Provide a document that has the banking information and payor details printed on it. E.g. A void cheque, an initial cheque, or a bank letter of direction.

Transit Number: _____

⑆12345

⑆012⑆

1234⑆56789

Bank Number: _____

Transit
Number

Bank
Number

Account
Number

Account Number: _____

The advisor must verify that the banking details provided match the banking details on the attached cheque/bank letter. If the banking information is incorrectly entered, the advisor will be responsible for paying Equitable Life the resulting fees.

Notes:

- Line of credit accounts or credit cards are not accepted.
- There may be a time delay between the date selected and the money being transferred out of the bank account.

Waivers

The payor directs and authorizes The Equitable Life Insurance Company of Canada ("Equitable Life") and their financial institution to process withdrawals from their account, subject to the conditions listed here, for the purpose of collecting pre-authorized debits. The payor waives the right to receive pre-notification of the first withdrawal, or a change in the date of the withdrawal as defined by the Canadian Payments Association in Rule H1 at www.payments.ca.

Type of Service

For the purpose of this agreement, all pre-authorized debits from the payor's account will be treated as personal withdrawals.

Third Party Contributions (complete the Third Party information in section 17)

In certain circumstances, the payor may be a Third Party (someone other than the contract owner). By submitting banking information that does not belong to the contract owner, both the contract owner and payor are agreeing to the following:

- The payor's banking information may be visible to the contract owner.
- There is a degree of risk in having banking information for a third-party on file.
- In the event that money is incorrectly deposited to the payor's bank account, the payor will notify Equitable Life immediately and return the funds.

Cancellation

The payor has the right to cancel the pre-authorized debit at any time. The pre-authorized debit shall remain in effect until the payor notifies Equitable Life of the cancellation.



GUARANTEED INTEREST ACCOUNT APPLICATION

9. PRE-AUTHORIZED DEBIT (“PAD”) (CONTINUED)

NOTE: To ensure cancellation of the next withdrawal, notice by way of telephone, letter, email or fax must be received at Equitable Life's Head Office, 10 business days prior to the next withdrawal. The payor may contact their financial institution about their rights regarding cancellation. A sample cancellation form is available at www.payments.ca and may be completed and forwarded to their financial institution.

Contact Information

Equitable Life of Canada. One Westmount Road North P.O. Box 1603 Stn. Waterloo, Waterloo, ON N2J 4C7
TF 1.800.668.4095 F 519.883.7404 Email: savingsretirement@equitable.ca

Recourse & Reimbursement

The payor has certain recourse rights if any debit does not comply with this pre-authorized debit agreement. They have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on recourse rights, the payor may contact their financial institution or visit www.payments.ca.

10. INVESTMENT INSTRUCTIONS

Based on our administrative rules:

- The total initial deposit must be a minimum \$500 (\$10,000 for RIF/LIF) or \$50 PAD.
- The minimum deposit for GDA auto ladder is \$2,500 for 5 years, or \$5,000 for 10 years.
- The investment options, available terms, and premium minimums for each registration type are as follows:

	Investment Options	Registration Options	Terms	Minimum Premium
Compound Interest	Daily Interest Account (DIA)	Non-registered, TFSA, RSP, locked-in RSP, RIF, LIF	N/A	N/A
	Guaranteed Deposit Account (GDA)	Non-registered, TFSA, RSP, locked-in RSP	1 - 15 years	\$500
RIF, LIF		1 - 10 years	\$10,000	
Simple Interest	Guaranteed Deposit Account (GDA)	Non-registered, RIF, LIF	1 - 10 years	\$10,000
	Term Deposit Account (TDA)	RIF, LIF	11 - 30 years	\$5,000



GUARANTEED INTEREST ACCOUNT APPLICATION

10. INVESTMENT INSTRUCTIONS (CONTINUED)

Total initial deposit of \$ _____

Initial deposit and subsequent deposits, if any, to be allocated as follows:

Policy Interest Type:

Compound Interest *(default if not specified)*

Simple Interest *(attach a void cheque)*

→ Interest paid annually

→ Interest paid monthly *(interest rate is 0.25% less than the posted rate for this option)*

Note: If the account is non-registered, the interest payments are deposited to the Owner's bank account automatically. If the account is a RIF or LIF, the interest payments are deposited to the Daily Interest Account and paid to the Owner as part of the Scheduled Income Payments.

Investment Instructions:

Daily Interest \$ _____ *(cannot be combined with Simple Interest GDA)*

GDA/TDA for a specified term(s):

\$ _____ for _____ months

\$ _____ for _____ months

\$ _____ for _____ months

\$ _____ for _____ months

\$ _____ for _____ months

At the end of the term, reinvest in a term of the same length. *(default if not specified)*

At the end of the term, reinvest in a new GDA/TDA for a term of _____ months.

At the end of the term, transfer the amount to the Daily Interest Account. *(compound interest GDA only)*

GDA Auto Ladder: \$ _____ (minimum: \$2,500 for 5 years; \$5,000 for 10 years)

5 years *(Deposit will be equally split between 1 - 5 year terms. At maturity each term will be reinvested for 5 years.)*

10 years *(Deposit will be equally split between 1 - 10 year terms. At maturity each term will be reinvested for 10 years.)*

Interest rates often change. The latest interest rates are available on the Equitable Life website at www.equitable.ca and can be locked in by completing the Rate Guarantee process outlined in section 11.

If the Rate Guarantee section is not completed, we will apply the interest rate in effect on the day that Equitable Life receives the money.

Future Deposit Instructions:

Unless directed by written notification received at Equitable Life's Head Office, all future deposits and transfers will be deposited to the same investment as the original deposit and for the same term as the original deposit if a GDA/TDA, subject to minimum deposit requirement.

For future deposits to the Daily Interest Account:

When enough money accumulates in the Daily Interest Account, invest the funds in a GDA/TDA of _____ months.



GUARANTEED INTEREST ACCOUNT APPLICATION

11. RATE GUARANTEE (OPTIONAL SECTION)

A rate guarantee locks in the current interest rate, protecting against a potential decline in interest rates.

Steps to complete the rate guarantee:

1. Select the type of rate guarantee:
 - a) 3 business day rate guarantee (for deposits directly from the client)
The client will receive the higher of (a) the interest rate in effect on the date of receipt, and (b) the guaranteed interest rate. The deposit must be received within 3 business days of the rate guarantee.
 - b) 45 day rate guarantee (for transfers from another financial institution)
The client will receive the guaranteed interest rate. The deposit must be received within 45 days of the rate guarantee. If the money is received after 45 days, the client will receive the lower of the interest rate in effect on the date of receipt and the guaranteed interest rate.
2. Complete the Guaranteed Interest Account (GIA) application.
3. Send the signed application to Equitable Life, either through EZupload or by fax at 519.883.7428. The interest rate will automatically be secured on the date the application is received.
4. Ensure that the deposit is received by Equitable Life within 3 business days (if the deposit is directly from the client) or 45 days (for transfers from another financial institution).

By submitting the rate guarantee, you understand and agree that:

- a) This is an irrevocable commitment to proceed with this investment
- b) The interest rate guarantee is subject to the conditions and administrative rules that have been outlined
- c) Rate guarantees that are not approved by Equitable Life's Head Office are null and void



GUARANTEED INTEREST ACCOUNT APPLICATION

12. SCHEDULED INCOME PAYMENTS (FOR RIF/LIF; OPTIONAL FOR NON-REGISTERED)

Complete this section to receive regularly scheduled withdrawals from your Equitable Life policy to your bank account. Please attach a VOID cheque.

Select frequency (choose one) <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semi-annually <input type="checkbox"/> annually	Start Date/Date of Withdrawal: _____ Please allow 3 – 5 days for processing. <div style="text-align: right;">yyyy/mm/dd (1-28)</div>
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Non-Registered	Payment Amount: \$ _____ (gross payment amounts only; net payments not available)
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RIF/LIF	<p>You must withdraw the annual required minimum payment. In the year of issue, the RIF/LIF minimum is zero. We reserve the right to request proof of age for RIF and LIF accounts.</p> <p>Payment Amount:</p> <input type="checkbox"/> Required minimum payment (if selected, the income payment start date must be next year) <input type="checkbox"/> \$ _____ (gross payment amounts only; net payments not available) – subject to RIF/LIF minimum and maximum amounts <input type="checkbox"/> LIF Maximum payment (LIF only) <p>Income Calculations:</p> <p>The minimum income payment calculations will be based on the age of the:</p> <input type="checkbox"/> Annuitant (defaulted to "Annuitant" if no selection is made) <input type="checkbox"/> Annuitant's spouse / common law partner* <p>*If RIF/LIF payments are based on the age of the spouse/common law partner provide the following information:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Name of spouse / common law partner: _____</td> <td style="width: 40%;">Date of Birth (yyyy/mm/dd): _____</td> </tr> </table>	Name of spouse / common law partner: _____	Date of Birth (yyyy/mm/dd): _____
Name of spouse / common law partner: _____	Date of Birth (yyyy/mm/dd): _____		

Scheduled income payments to be withdrawn from:

All regularly scheduled payments will be made from the Daily Interest Account until it is depleted and then all regularly scheduled payments will be made from the next-to-mature Guaranteed and Term Deposit Accounts with value. Withdrawals will be made in this manner if one or more of the below applies:

1. A percentage allocation is not requested
2. The percentage allocation requested cannot be accommodated due to insufficient funds in the selected account(s)
3. If the percentage allocation selected is not equal to 100%

If the payments are to be withdrawn from specific allocations please indicate the percentages below.

Daily Interest _____ %

Guaranteed Deposit Account/Term Deposit Account _____ %

13. SOURCE OF FUNDS

What is the source of the money being deposited? Check all that apply:

- Salary or Earned Income
- Applicant/Owner Savings
- Business Income
- Borrowed Funds (provide details): _____
- Gifted Funds (provide details): _____
- Sale of Property (provide the address of the property): _____
- Proceeds from Death Benefits or Estate (provide the name of the deceased): _____
- Other (provide details): _____



GUARANTEED INTEREST ACCOUNT APPLICATION

14. PURPOSE OF THE POLICY

Please indicate the client's stated reason(s) for purchasing this policy. (Not all policies are suitable for all purposes.)

- Short Term Savings Retirement / Long Term Savings Business / Key Person Protection / Buy Sell Agreement
 Income Creation Mortgage / Debt Insurance Income / Family Protection
 Gift Education Purposes Legacy / Inheritance / Estate Protection
 Other _____

15. SPOUSAL INFORMATION (FOR LOCKED-IN ONLY)

Annuitant's Spouse or Common-Law Partner Information (choose one)

- I declare I do not have a spouse/common-law partner within the meaning of applicable legislation.

Signature

Date (yyyy/mm/dd)

- I have a spouse/common-law partner within the meaning of applicable legislation.
Complete the information below.

Full name of spouse/common-law partner (first, middle, last)

Date of Birth (yyyy/mm/dd)

Social Insurance Number (SIN)

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Expiry Date (if applicable)

Beneficiary designation:

- My spouse/common-law partner will be my named beneficiary OR
 My spouse/common-law partner has completed and attached the applicable spousal entitlement waiver form and I will name another beneficiary.

Spousal Consent to Transfer Funds (LIF only):

- New Brunswick, Quebec or Federal Pension Benefits Standards Act: No additional requirements.
- British Columbia, Alberta, Saskatchewan, Nova Scotia or Manitoba: Complete and attach the prescribed spousal waiver form.
- Ontario or Newfoundland & Labrador: Your spouse must complete and sign the following consent:
I confirm that I am the spouse of the annuitant as defined by applicable legislation. I consent to the transfer of the locked-in pension funds to a LIF as indicated in this application.

Name

Signature

Date (yyyy/mm/dd)



GUARANTEED INTEREST ACCOUNT APPLICATION

16. DECLARATION OF TAX RESIDENCE (FOR NON-REGISTERED ONLY)

Policy Owner: check all of the options that apply to you.

I am a tax resident of Canada

I am a tax resident or citizen of the United States:

Provide Taxpayer Identification Number (TIN) or functional equivalent: _____

I am a tax resident in a jurisdiction other than Canada or the United States:

Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN) or functional equivalent: _____

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

a) I will apply or have applied for a TIN but have not yet received it

b) My jurisdiction of residence does not issue TINs to its residents

Other reason: _____

Joint Policy Owner: check all of the options that apply to you.

I am a tax resident of Canada

I am a tax resident or citizen of the United States:

Provide Taxpayer Identification Number (TIN) or functional equivalent: _____

I am a tax resident in a jurisdiction other than Canada or the United States:

Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN) or functional equivalent: _____

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

a) I will apply or have applied for a TIN but have not yet received it

b) My jurisdiction of residence does not issue TINs to its residents

Other reason: _____



GUARANTEED INTEREST ACCOUNT APPLICATION

17. THIRD PARTY (FOR NON-REGISTERED ONLY)

In submitting this application, is the Owner acting on behalf of a Third Party?

Your answer should be "Yes" if someone other than the Owner or Annuitant will be making the deposit(s) or has/will have an ownership interest in this policy. Examples include a power of attorney signing on behalf of the Owner, someone other than the Owner or Annuitant making the deposit(s), or a corporation having use or access to the policy values.

No Yes If "Yes" complete either the "Individual Third Party" or "Business / Entity Third Party" section as applicable.

Individual Third Party

Name of Third Party (first, middle, last):		Date of Birth (yyyy/mm/dd)	Relationship to Owner	
Address (number, street and apartment)		City or Town	Province	Postal Code
Country	Occupation (if retired or unemployed, indicate former occupation):			
Telephone Number	Job Title: _____			
	Duties: _____			

Type of Third Party (select one and attach any applicable legal documentation)

payor trustee executor collateral/assignee attorney/power of attorney/mandatary

other (please specify): _____

Business / Entity Third Party

Full Legal Name		Relationship to Owner		
Address (number, street and apartment)		City or Town	Province	Postal Code
Telephone Number	Country	Nature of principal business		
Incorporation/Registration Number (if applicable)		Jurisdiction/Country of Issue (if applicable)		

Type of Third Party (select one and attach any applicable legal documentation)

payor trustee executor collateral/assignee attorney/power of attorney/mandatary

other (please specify): _____



GUARANTEED INTEREST ACCOUNT APPLICATION

18. POLITICAL POSITIONS (FOR NON-REGISTERED AND ONLY WHEN DEPOSIT IS EQUAL TO OR GREATER THAN \$100,000)

For the purposes of this question:

- "Payor" means the person who is making the payment(s) on the policy.
- "Family Member" means the Spouse, ex-spouse, sibling, parent, mother-in-law or father-in-law, or biological or adoptive child.
- "Close associate" means an individual who is closely connected to the Payor for personal or business reasons.
- "Spouse" means the spouse or common law partner.
- "Ex-spouse" means the ex-spouse or ex-common law partner.

Does the Payor, or any of the Payor's close associates hold, or have they ever held, any of the positions listed below; OR is the Payor a Family Member of a person who holds or has ever held any of the positions below:

No – go to section 19 Yes – indicate the position held below

Position in Canada or in another country

Note: For positions in Canada, list only the positions held in the past 5 years. For all other countries, list all such positions that have ever been held.

- Head of state or head of government (including Governor General and Lieutenant Governor)
- President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government)
- Member of the executive council of government or member of a legislature (including the Senate, House of Commons or a provincial legislature)
- Head of a government agency
- Judge (in Canada only, must be a judge of an appeal court)
- Head of an international organization that is established by the governments of countries or the head of an institution of any such organization (indicate only if the position was held in the past five years)
- Deputy Minister (or equivalent)
- Leader or President of a political party in a legislature
- Ambassador or ambassador's attaché or counsellor
- Military General (or higher rank)
- Mayor of a Canadian municipality (does not include mayors in countries other than Canada)

If you answered "Yes" to the question above, complete the following information:

What is the name of the person who holds or held the position?	What is the title of the position held?
Position held from: _____ to _____ (starting year) (ending year)	In what country was the position held?
With what organization, government or institution was the position held?	How is this person related to the Payor? <input type="checkbox"/> The person is the Payor <input type="checkbox"/> Family Member (relationship): _____ <input type="checkbox"/> Close associate (relationship): _____

Note: If more than one person has held a position, complete section 1 and 2 of the ["Additional / Updated Customer Information Form # 1027"](#) for each additional person.

What is the Payor's source of wealth?

Check all that apply:

- Salary or Earned Income
- Business Income
- Investment Income
- Property Income/Holdings
- Lottery
- Inheritance
- Other: _____



GUARANTEED INTEREST ACCOUNT APPLICATION

19. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)

20. PRIVACY CONSENT

In this section, unless otherwise specified, the terms "I", "me" and "my" refer to the Owner(s) of the contract and the Annuitant.

I agree and confirm that:

1. I agree and confirm that the personal information willingly provided by me to the independent broker and/or Equitable Life and collected in this Application and held in their files will be used by Equitable Life for the purposes of issuing, servicing, administration, and claims processing related to this Application, and any resulting policy and any supplementary documents. The information on file is accessible for the above purposes to: authorized employees of Equitable Life; third parties retained by Equitable Life; its sales distribution network; Canadian or foreign tax authorities; and any other person or party whom I authorize.
2. I acknowledge that my personal information may be processed and stored outside of Canada and may therefore be subject to the laws of those jurisdictions. If my policy is issued in Quebec, my personal information will be stored outside Quebec.
3. As an Owner, I consent to the use of my email address to establish a Client Access account and provide associated notices, electronically deliver policy documents and communicate electronically for other policy administration purposes.
4. As an Owner, I consent and agree to: (a) this Application being transmitted to the Company electronically and received by the Company as my original application for insurance; and (b) electronic delivery to me of the policy, if issued, and any other documents or future written communications relating to the policy.

See www.equitable.ca for further details about the Company's privacy practices and for information about how to contact the Company's Privacy Officer.

5. Electronic applications only: As an Owner, I consent and agree to the information in this application, including sensitive personal information such as my social insurance number, date of birth, and financial information, being included in the electronic documentation provided to each party who is required to sign the application. I consent to Equitable Life providing the information in this application to each other party for the purposes of signing the application. If I do not wish to provide this consent, I can decline to sign the application and inform my advisor that I wish to proceed with a paper application instead.

Marketing Consent:

Equitable Life is authorized to use the information in this Application and its existing files to provide information to me about its other products and services, unless I specify No.



GUARANTEED INTEREST ACCOUNT APPLICATION

21. AGREEMENT & SIGNATURES

In this section, unless otherwise specified, the terms "I", "me" and "my" refer to the Owner(s) of the contract and the Annuitant.

I agree and confirm that:

1. My acceptance of the issued contract will indicate my acceptance of any changes, corrections or additions to this Application which Equitable Life makes in a Head Office Endorsement(s).
2. I certify that the information provided on this form is current, correct and complete. I will notify Equitable Life within 30 days of any change to my tax residency, US citizenship status or tax identification numbers.
3. Only Equitable Life's Head Office is authorized to alter or modify this Application, issue a contract or waive any requirements, and any authorization must be in writing.
4. The issued contract shall not take effect until the initial deposit made with the Application has been honoured by my financial institution.
5. For registered policies only: I request the Issuer/Carrier to apply to register the Guaranteed Interest Account as a registered retirement savings plan/registered retirement income fund under the Income Tax Act (Canada) and if applicable the Taxation Act (Quebec). I agree to provide any further information which may be required in connection with the registration of this contract.
6. I understand that all benefits payable under the Contract are subject to taxation and that all SIN numbers are collected for income tax purposes.
7. I acknowledge, understand, and agree with the terms and conditions set out in the pre-authorized debit section.
8. I authorize Equitable Life to act on my service instructions as provided by my advisor. This trading authorization can include but is not limited to purchases, withdrawals, modification of investment instructions, reinvestment of maturing funds, rate guarantees, and Pre-authorized Debit (PAD). I acknowledge that Equitable Life may carry out any transaction requests provided by my advisor. I will set up an Equitable Client Access Account, as required by Equitable Life's trading authorization administrative rules.

I acknowledge receipt of the Guaranteed Interest Account Contract, and understand I can access this document electronically at www.equitable.ca/contracts.

Signature of Contract Owner	Signed in the province of	Date (yyyy/mm/dd)
_____	_____	_____
Signature of Joint Contract Owner	Signed in the province of	Date (yyyy/mm/dd)
_____	_____	_____
Signature of Successor Owner		Date (yyyy/mm/dd)
_____		_____
Signature of Annuitant (if different than Owner)		Date (yyyy/mm/dd)
_____		_____
Signature of Successor Annuitant (if different than Owner)		Date (yyyy/mm/dd)
_____		_____

Payor Information (only required if the Payor is someone other than the Owner)

By signing below, the Payor is indicating they agree to the terms and conditions set out in the Pre-Authorized Debit section. If more than one signature is required to authorize payment on the bank account, both/all payors must sign below.

Name of Payor	Signature of Payor	Date (yyyy/mm/dd)
_____	_____	_____
Name of Joint Payor	Signature of Joint Payor	Date (yyyy/mm/dd)
_____	_____	_____

Name of Power of Attorney
_____ has signed on behalf of _____.

If a Power of Attorney has signed on behalf of another individual, please attach the applicable documentation.



GUARANTEED INTEREST ACCOUNT APPLICATION

22. ADVISOR CONFIRMATION & SIGNATURE

By signing below, I the Advisor confirm that:

- I am licensed in the province in which the application is signed.
- I have explained the contents of the Guaranteed Interest Account contract to the Owner(s), and have provided the Owner(s) with a copy of the contract.
- I have disclosed the following information to the Owner(s) of the policy:
 - The name of the company or companies I represent.
 - Any commissions for the sale of insurance-based investment products and any bonuses, invitations to conferences or other incentives.
 - Any conflicts of interest I may have with respect to this transaction.
- I have reviewed the information provided in this application with the Owner(s) and to the best of my knowledge, it is complete and true.
- I instruct Equitable Life to reduce the Guaranteed Interest Account commission payable to me by _____ basis points (bps) per year, for the Guaranteed Deposit Account (GDA) term(s) indicated in section 10. The GDA guaranteed interest rate will be increased by the same basis points until maturity (example: A 5 bps reduction will increase the GDA interest rate by 0.05%). Note: The rate adjustment will not apply to future reinvestments or deposits. Limited to GDA terms of 10 years or less.

Advisor signature

Date (yyyy/mm/dd)

You will need three copies of this application (one for the Owner, one for the advisor and one for Equitable Life).

About Equitable

At Equitable we believe in the power of working together. This guides how we work with each other. How we help our clients and partners. And how we support the communities where we live and work.

Together, with partners across Canada, we offer Individual Insurance, Group Insurance and Savings and Retirement solutions. To help our clients protect today and prepare tomorrow.

We believe the world is better when we work together to build an Equitable life for all.



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